	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Issue: C
			Date: 06-01-2017
			Page 1 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

1. PURPOSE

To ensure that pharmacy services meet patients needs with compliance to applicable laws and regulations.

2. SCOPE


This policy and procedure is applicable to pharmacy services provided to in-patients and outpatients.

3. DEFINITION

3.1. **Formulary** - An approved list of prescription drugs that a health care facility may provide to their clientele. Some plans restrict prescriptions to those contained on the formulary and others also provide non formulary prescriptions. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective. The list is compiled by professionals and physicians in the field and is updated preferably each year. Changes may be made depending on availability in the market.

3.2. **Prescription** - A prescription is a health-care program implemented by a physician or other medical practitioner in the form of instructions that govern the plan of care for an individual patient. Prescription includes orders to be followed for patient by caretaker, nurse, pharmacist or other therapist.

**CONTROLLED COPY
QUALITY DEPARTMENT**

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Issue: C
			Date: 06-01-2017
			Page 2 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

3.3. **Drug Dispensing** - The preparation, packaging, labeling, record keeping, and dispensing of a prescription drug to a patient or an intermediary, who is responsible for administration of the drug.

3.4. **Drug Administration** - The route of a medication to be administered for patient; as per the Doctors orders written in medical case sheet.

3.5. **Committee** - A group of health professionals affiliated with a hospital who meet regularly to address an area—e.g., hospital formulary, infection control, safety, etc that needs a multidisciplinary approach to ensure issues are addressed and quality of service is maintained.


4. RESPONSIBILITY

Formulary Committee to develop and revise the policies and procedures applicable to the hospital pharmacy services. Doctors, nurses and pharmacists are responsible to implement this policy and procedure. Medical administration, nursing administration and pharmacy in charge to monitor the compliance to this policy and procedure.

5. POLICY


5.1 To comply with applicable laws and regulations of Drugs and Cosmetic Act, Narcotic Drugs and Psychotropic substances Act and Pharmacy Act.

**CONTROLLED COPY
QUALITY DEPARTMENT**

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Issue: C
			Date: 06-01-2017
			Page 3 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

- 5.2 To have license for a pharmacy established at any identified area in the hospital and to display the license in an area visible to public.
- 5.3 To stock NDPS drugs only at a place for which license is available.
- 5.4 Only a registered pharmacist whose certificate is used for establishment of pharmacy at Apollo Hospital, Secunderabad or whose original certificate is available with Apollo Hospital, Secunderabad are authorized to sign the bills or indents.
- 5.5 To dispense medications to patients/wards only by or under the supervision of a registered pharmacist against a written order or online indent.
- 5.6 To store medicines as per the manufacturer's recommendations
- 5.7 Medications are to be prescribed by doctors and to be dispensed to patient/ward against a written order by a doctor or online indent.
- 5.8 To procure medications from authorized distributors or stockiest of respective drug manufacturers / Pharmaceutical companies.
- 5.9 Medications are to be administered to patients only by a doctor / nurse who are permitted by law to do so.
- 5.10 Patients to be monitored by a doctor/nurse after medication administration as per their clinical needs.
- 5.11 Patient/attendant is educated about use of prescribed medications.
- 5.12 Drug and Therapeutic to be developed by the Formulary Committee as per the patient needs and the same to be updated once in every year or as and when required.

**CONTROLLED COPY
QUALITY DEPARTMENT**

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
			Issue: C
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Date: 06-01-2017
			Page 4 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

5.13 Drugs not listed in the Drug and Therapeutic are to be procured only on specific request (telephonically or in writing) by doctors which may be required to treat a patient.

6. PROCEDURE


6.1 DRUG THERAPEUTIC COMMITTEE (DTC)

6.1.1 The Drug and Therapeutic Committee is a multidisciplinary committee which includes

Representatives from the following departments

- Dr. Mohammed Ziaddun
- Dr. Ehsaan – Ul- Haq
- Dr. Durgapadmaja
- Dr. Meera
- Dr. Aftab Ahmed
- Dr. T Satish Kumar
- Dr. Shefali Sharma
- Dr. Tarun Saha
- Dr. Dharmarakshak A
- Ms. Marina
- Mr. Anand
- Mr. Kishore

**CONTROLLED COPY
QUALITY DEPARTMENT**

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Issue: C
			Date: 06-01-2017
			Page 5 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	


• 6.1.2 Functions Of Committee is:

- a. To formulate policies and procedures for storage, formulary, prescription, dispensing, administration, monitoring and use of medications.
- b. To ensure the pharmacy services comply with applicable laws and regulations.
- c. To prepare list of medications (Hospital Formulary) appropriate for the patients and organizations resources and also update the same once in every year or as and when necessary.
- d. To define process for acquisition of medications listed in formulary and also for those not listed in formulary.
- e. To conduct DTC meeting once in every three months or as and when necessary.

6.1.3 Responsibilities of DTC are:


- a. To serve in as advisory committee to the medical staff and administration in all matters pertaining to drug use.
- b. To develop the criteria for evaluating drugs for inclusion in the hospital formulary.
- c. To design and develop a drug formulary list.
- d. To review regulatory and statutory requirements applicable for pharmacy.
- e. To develop the list of drugs accepted for procurement and use in the hospital.
- f. To objectively evaluate clinical data regarding new drugs proposed for use in the health facility.
- g. To prevent duplication of drugs in the formulary.

CONTROLLED COPY
QUALITY DEPARTMENT

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Issue: C
			Date: 06-01-2017
			Page 6 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

- h. To advise the pharmacy department in the implementation of effective drug distribution and control procedures.
- i. To recommend and approve additions and deletions from the formulary.
- j. To establish and plan suitable educational programs for professional staff on pertinent matters relating to drugs and their use.
- k. To monitor and evaluate adverse drug reactions, medication errors and near misses and to make appropriate recommendations to prevent their occurrence.
- l. To conduct ongoing drug use evaluation programs.
- m. To ensure that no drug to be added in IP-Pharmacy / Drug and Therapeutic without approval from Drug and Therapeutic Committee.
- n. IP-Pharmacy in-charge is responsible to prepare list of drugs to be added or deleted from formulary on 25th of every month, if necessary.
- o. IP-Pharmacy in-charge to submit list of drugs to be added / deleted from formulary to Drug and Therapeutic committee prior to the Committee meeting (ones in four months).
- p. Drug and Therapeutic Committee to review and decide on approval of addition / deletion of drugs in Hospital Formulary.
- q. The decision on addition or removal to be taken within two weeks of time from the date of DTC meeting.
- r. To develop protocols and procedures for the use of and access to non formulary drug products.
- s. Monitoring and review on non formulary drugs procured and recommendations to eliminate such incidents.

**CONTROLLED COPY
QUALITY DEPARTMENT**

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
			Issue: C
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Date: 06-01-2017
			Page 7 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

t. IP-Pharmacy in-charge is responsible to update the recommendation / approval of Drug and Therapeutic Committee in Hospital Formulary.

6.2 Laws and Regulations

6.2.1 Pharmacy license and NDPS license are to be displayed in the pharmacy.

6.2.2 NDPS drugs are stocked at IP-Pharmacy and OP-Pharmacy (Refer Policy and Procedure on Narcotic Drugs and Psychotropic Substances).

6.2.3 Licensed pharmacists who are authorized to sign bills and indents are made available in every shift at IP-Pharmacy and OP-Pharmacy.

6.3 Procurement Process (only for IP-Pharmacy)


6.3.1 All drugs are to be procured from authorized distributors or stockiest of respective Pharmaceutical companies after order is placed to Central Purchase Unit of Apollo Hospitals. (NOTE: The Distributor / stockiest for a drug is authorized, selected by Pharmaceutical companies. The choice of selecting a supplier (distributor / stockiest) is limited.

6.3.2 Vendor selection and evaluation is done by Central Purchase team involving pharmacists.

6.3.3 An online request for purchase is sent to Central Purchase Unit through which purchase orders to authorized distributors or stockiest is sent.

6.3.4 Goods are received at pharmacy stores as per the Goods Receipt Note.

**CONTROLLED COPY
QUALITY DEPARTMENT**

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
			Issue: C
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Date: 06-01-2017
			Page 8 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

6.3.5 The pharmacists are responsible to identify the drug shortage on a day to day basis.

6.3.6 The pharmacy in-charge is responsible to maintain a minimum stock level (7 to 15 days consumption) as per the movement of the drugs.

6.3.7 To control stock outs effectively, ROL for emergency and fast moving drugs is maintained in software to reduce manual errors if any.

6.4 Medication Storage

6.4.1 Medication storage policy is designed to ensure accuracy and speed in dispensing the drugs.

6.4.2 Refer Policy and Procedure on Storage of Medications

6.5 Drug and Therapeutic (only for IP-Pharmacy)

6.5.1 The Drug and Therapeutic is developed by a multidisciplinary committee.


6.5.2 The committee updates the formulary once in every year or as and when necessary.

6.5.3 Procurement of drugs not listed in formulary is also to be procured through authorized distributor only.

6.5.4 However, this is to be followed in case of emergency only. Such procurement also to be done from authorized distributor only.

6.5.5 The information of such procurement to be submitted to DTC in the forthcoming meeting.

**CONTROLLED COPY
QUALITY DEPARTMENT**

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
			Issue: C
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Date: 06-01-2017
			Page 9 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

6.6 Prescription

6.6.1 Only doctors are authorized to prescribe medications to patients.

6.6.2 Whenever a medication is prescribed to a patient, it is written in OP prescription form or medication chart of patient case sheet.

6.6.3 Refer Policy and Procedure on Prescription of Medications.

6.7 Dispensing

6.7.1 Medications are to be dispensed to patients/wards only by or under supervision of a registered pharmacist.

6.7.2 Refer Policy and Procedure on Dispensing of Medications.

6.8 Medication Administration


6.8.1 Medications are administered to patients only by a doctor and / or a nurse as per the doctor's orders.

6.8.2 Refer Policy and Procedure on Medication Administration.

6.9 Monitoring of Patients

6.9.1 Nurses / doctors monitor the patients after medication administration.

CONTROLLED COPY
QUALITY DEPARTMENT

	APOLLO HOSPITALS, SECUNDERABAD		MOM – 01
			Issue: C
	POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION		Date: 06-01-2017
			Page 10 of 10
PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer	

6.9.2 All in-patients are monitored after medication administration and document the same in doctor's notes or nurses notes of patient case sheet.

6.9.3 Refer Policy and Procedure on Adverse Drug Events / Reactions.

6.10 Use of Medications

6.10.1 Patients and family members are educated by doctor/nurse/pharmacist about safe medication.

6.10.2 Refer Policy and Procedure on Food and Drug Interaction

**CONTROLLED COPY
QUALITY DEPARTMENT**